

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 HOSPITAL EMERGENCY ROOM UTILIZATION PER 1000 MM
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
EMERGENCY ROOM VISITS RESULTING IN INPATIENT ADMISSION												
# of ER VISITS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ER VISITS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
MATERNITY VISITS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
EMERGENCY ROOM VISITS: NO INPATIENT ADMISSION												
# of ER VISITS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ER VISITS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
MATERNITY VISITS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
# of ER VISITS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ER VISITS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
MATERNITY VISITS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

NOTE: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

OUTPATIENT HOSPITAL VISITS PER 1000 MM
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
I. OUTPATIENT VISITS RESULTING IN INPATIENT ADMISSION												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
II. OUTPATIENT VISITS: NO INPATIENT ADMISSION												
EMERGENCY ROOM VISITS												
# of VISITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of VISITS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER VISIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER VISIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER VISIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
CLINIC SERVICES												
# of SERVICES	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
SURGERY												
# of SURGERIES	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

OUTPATIENT HOSPITAL VISITS PER 1000 MM
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
OBSERVATION SERVICES												
# of SERVICES	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
RADIOLOGY SERVICES												
# OF SERVICES	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
LABORATORY SERVICES												
# OF LAB TESTS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
THERAPEUTIC SERVICES												
# OF SERVICES	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
DIAGNOSTIC SERVICES												
# OF SERVICES	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

OUTPATIENT HOSPITAL VISITS PER 1000 MM
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
ALL OTHER SERVICES												
# Of SERVICES	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# of SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL OUTPATIENT VISITS: NO INPATIENT ADMISSION												
# OF SERVICES	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# of SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
III. TOTAL OUTPATIENT VISITS												
# OF SERVICES	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# of SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
MATERNITY												
Excluding Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL MATERNITY												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS PER TIER	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
NICU												
Excluding Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL NICU												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
ICU												
Excluding Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL ICU												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
SURGERY												
Excluding Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL SURGERY												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
PSYCHIATRIC												
Excluding Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL PSYCHIATRIC												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
NURSERY												
Excluding Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL NURSERY												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 FOR THE CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
ROUTINE												
Excluding Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL ROUTINE												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
NICU / NURSERY												
Excluding Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL NICU / NURSERY												
# of ADMITS	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON- MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
ICU / SURGERY												
Excluding Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL ICU / SURGERY												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL DAYS AND AVERAGE LENGTH OF STAY
 FOR THE CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
ICU / PSYCHIATRIC												
Excluding Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL ICU / PSYCHIATRIC												
# of ADMITS	XXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# OF TIER DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DAYS PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL STATISTICS by TIER
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	TOTAL
ICU / ROUTINE												
Excluding Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
Qualified Outlier Totals for the Tier												
# of ADMITS	xxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL ICU / ROUTINE												
# of ADMITS	xxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
# OF TIER DAYS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
ALOS	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of DAYS PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER ADMIT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Only acute hospitals are included in this report.
 2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 INPATIENT HOSPITAL / CLINICS MATERNITY SERVICES UTILIZATION
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON- MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
TOTAL DELIVERY ADMISSIONS												
# of DELIVERIES	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
# of DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DELIVERIES per 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
												XXXX
NON HOSPITAL DEL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXXX
VAGINAL DELIVERY												
# of DELIVERIES	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
# of DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DELIVERIES per 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
CESAREAN SECTION												
# of DELIVERIES	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
# of DAYS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
ALOS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
# of DELIVERIES per 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER DEL	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

- NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
 2) Non-hospital delivery includes deliveries in free-standing birthing centers (Provider type 83).
 3) Cost for professional services are not included in any of the payment calculations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 DENTAL SERVICES UTILIZATION
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
PREVENTATIVE SERVICES												
# of SERVICES	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TREATMENT												
# of SERVICES	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL DENTAL SERVICES												
# OF SERVICES	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 TRANSPORTATION SERVICES UTILIZATION
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
EMERGENCY TRANSPORTATION PROVIDERS												
EMERGENCY: AIR TRANSPORTATION												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
EMERGENCY: GROUND TRANSPORTATION												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
TOTAL EMERGENCY SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
TOTAL NON-EMERGENCY SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
EMERGENCY TRANSPORTATION PROVIDER TOTAL												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00

NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 TRANSPORTATION SERVICES UTILIZATION
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
NON-EMERGENCY TRANSPORTATION PROVIDERS												
TAXI SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
BUS SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
VAN SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AIR TAXI SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
NON-EMERGENCY TRANSPORTATION PROVIDER TOTAL												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
# of SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00	\$\$\$\$.00

NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 SERVICE UTILIZATION
 CONTRACT YEAR XX-XX
 ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON- MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms
Total Member Months	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx
# of Unduplicated Members Enrolled in the Health Plan	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx
% of Members Who Received Services	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
# of Services PM/PM	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx

NOTE: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 OUTPATIENT HOSPITAL VISITS PER 1000 MM
 CONTRACT YEAR XX-XX
 ACUTE CAPITATED POPULATION

XXXXXX Health Plan Name

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON-MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
II. OUTPATIENT VISITS: NO INPATIENT ADMISSION (CONTINUED)												
DIAGNOSTIC SERVICES												
# Of SERVICES	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
HEALTH PLAN PAID AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AHCCCS ALLOWED AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
# of SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00
ALL OTHER SERVICES												
# Of SERVICES	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
HEALTH PLAN PAID AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AHCCCS ALLOWED AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
# of SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00
TOTAL OUTPATIENT VISITS: NO INPATIENT ADMISSION												
# Of SERVICES	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
HEALTH PLAN PAID AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AHCCCS ALLOWED AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
# of SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00
III. TOTAL OUTPATIENT VISITS												
# Of SERVICES	xxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
HEALTH PLAN PAID AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AHCCCS ALLOWED AMT	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
# of SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00	\$\$\$.00

NOTES: 1) Only acute hospitals are included in this report.
 2) All these payments will be shown, however, they will not be included in the averages.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 TRANSPORTATION SERVICES UTILIZATION
 CONTRACT YEAR XX-XX
 ACUTE CAPITATED POPULATION

NON-EMERGENCY TRANSPORTATION PROVIDERS

	TANF <1	TANF 1-13	TANF 14-44 Male	TANF 14-44 Female	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver NON- MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
TAXI SERVICES												
# of TRIPS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
AVG SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
BUS SERVICES												
# of TRIPS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
AVG SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
VAN SERVICES												
# of TRIPS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
AVG SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AIR TAXI SERV												
# of TRIPS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
AVG SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
NON-EMERGENCY TRANSPORTATION PROVIDER TOTAL												
# of TRIPS	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx
MEMBER MONTHS	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
AVG SERVICES PER 1000 MM	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

Note: Health Plan Paid Amount, AHCCCS Allowed Amount and Average Health Plan Paid Amount include payments for trips and mileage.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 TRANSPORTATION SERVICES UTILIZATION
 CONTRACT YEAR XX-XX
 ACUTE CAPITATED POPULATION

EMERGENCY TRANSPORTATION PROVIDERS

	TANF <1	TANF 1-13	TANF 14-44 Female	TANF 14-44 Male	TANF 45 +	SSI with Medicare	SSI w/o Medicare	Title XIX Waiver MED	Title XIX Waiver MED	SOBRA Family Planning	SOBRA Moms	Total
EMERGENCY SERVICES												
AIR TRANSPORTATION												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
AVG SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
GROUND TRANSPORTATION												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
AVG SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
TOTAL EMERGENCY SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
AVG SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
NON-EMERGENCY SERVICES												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
AVG SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
EMERGENCY TRANSPORTATION PROVIDER TOTAL												
# of TRIPS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
MEMBER MONTHS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
AVG SERVICES PER 1000 MM	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AVG HEALTH PLAN PMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG AHCCCS ALLOWED AMT PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00
AVG BILLED CHARGES PER SVC	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00	\$\$\$\$\$.00

Note: Health Plan Paid Amount, AHCCCS Allowed Amount and Average Health Plan Paid Amount include payments for trips & mileage.